

Attachment 3.1 A Program Description

STATE Idaho

19. Case Management Services: The Department will purchase Case Management Services for the following target groups:

- a) Mentally Ill - Adult (18 years of age or older) Medicaid recipients with severe disabling mental illness. The purpose of these services is to assist eligible individuals to gain access to needed medical, social, educational, mental health and other services.
- b) Personal Care Service Recipients - Medicaid eligible recipients who have been approved for personal care services and who require and desire assistance to adequately access services necessary to maintain their own independence in the community.
- c) Developmentally Disabled - Adult (21 years of age or older) Medicaid eligible developmentally disabled recipients; and eligible individuals between the ages of eighteen (18) and twenty-one (21) who have transition plans developed by the school system which identify service coordination (case management) as necessary. The purpose of these services is to assist eligible individuals to obtain needed health, educational, vocational, residential and social services.
- d) Pregnant and Parenting Teens and their Infants - Medicaid eligible pregnant teens seventeen (17) years of age or younger at the time of conception. Teens who qualify for case management at intake continue to qualify for case management services until the infant is one (1) year of age, so long as the goals of the case management plan have not been met. For purposes of this section, a teen is considered pregnant until 72 hours after delivery. Additionally, any Medicaid eligible teen/infant receiving targeted case management services since October 1, 1993, will be considered part of the target group. Teens and infants must live in Adams, Washington, Payette, Gem, Canyon, and Owyhee Counties.

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COMMENTS	

20. A. Extended Services to Pregnant Women:

The State provides the full range of Medicaid Program services with limitations as elsewhere described in this plan to eligible women described in Section 20.a of Attachment 3.1-A if such service is related to a medical condition identified by Bureau of Medical Assistance medical consultants as pregnancy related (either routine postpartum care, or arising from complications of pregnancy, including delivery).

1. Special services related to pregnancy. When ordered by the patient's attending physician, nurse practitioner or nurse midwife, payment of the following services is available after confirmation of pregnancy and extending through the end of the month in which the 60th day following delivery occurs.

- (a) Risk Reduction Follow-up. Services to assist the client in obtaining medical, educational, social and other services necessary to assure a positive pregnancy outcome. Payment is available to licensed social workers, registered nurses and physician extenders either in independent practice or as employees of entities which have current provider agreements with the Department. A single payment for each month of service provided is made.

- (b) Individual and Family Medical Social Services. Services directed at helping a patient to overcome social or behavioral problems which may adversely affect the outcome. Payment is available for two (2) visits during the covered period to a licensed social worker qualified to provide individual counseling according to the provisions of the Idaho Code and the regulations of the Board of Social Work Examiners.

- (c) Nutrition Services. Intensive nutritional education, counseling and monitoring by a registered dietician or an individual who has a baccalaureate degree granted by a U.S. regionally accredited college or university and has met the academic/professional requirements in dietetics as approved by the American Dietetic Association to assure the patient's proper nutrition. Payment for two (2) visits during the covered period is available.

- (d) Nursing Services. Home visits by a registered nurse to assess the client's living situation and provide appropriate education and referral during the covered period. A maximum of two (2) visits in the covered period is provided.

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20. A. 1. (e) Maternity Nursing Visit. Office visits by a registered nurse, acting within the limits of the Nurses Practices Act, for the purpose of checking the progress of the pregnancy. These services must be prior authorized by the Department's care coordinator and can be paid only for women unable to obtain a physician to provide prenatal care. This services is to end immediately when a primary physician is found. A maximum of nine (9) visits can be authorized.
- (f) Qualified Provider Risk Assessment and Plan of Care. When prior authorized by the Department care coordinator, payment is made for qualified provider services in completion of a standard risk assessment and plan of care for women unable to obtain a primary care physician, nurse practitioner, or nurse midwife for the provision of antepartum care.
20. B. The State provides the full range of Medicaid Program services, with limitations as described in this plan to eligible pregnant women during pregnancy.
21. During the presumptive eligibility period, outpatient services related to pregnancy and complications thereof and the extended services to pregnant women described in Attachment 3.1A 20 A and B. Limitations as described elsewhere in this plan are applicable.

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COMMENTS	

Attachment 3.1A Program Description

STATE IDAHO

23. Certified Pediatric or Family Nurse Practitioners' Services

Those services provided by certified pediatric or family nurse practitioners as defined by state and federal law. This coverage has the same exclusions as listed in Attachment 3.1A Program Description 5a. Physician Services. This coverage specifically includes services by certified pediatric and family nurse practitioners as required by Section 1905(a) (21) of the Act.

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Attachment 3.1A Program Descriptions

STATE IDAHO

24. a. Transportation services and assistance for eligible persons to medical facilities in the form of "necessary" transportation is provided. Transportation to medical facilities for the performance of medical services or procedures which are excluded from M.A. participation as listed in Attachment 3.1A 1 and 5 of this plan are excluded from M.A. participation.
- d. Nursing facility care services must have prior authorization before payment is made. Such prior authorization is initiated by the eligibility examiner who secures consultation from the periodic medical review team through the nurse consultant for a medical decision as to the eligibility for skilled nursing care services and authorization of payment (under 21 years of age).
- e. Emergency Hospital Services are provided when necessary to prevent death or serious impairment of health and when conditions dictate use of the most accessible hospital available, even if the hospital does not currently meet the conditions for participation under Medicare or the definitions of inpatient or outpatient hospital services included elsewhere in this plan. All obstetrical deliveries provided to aliens per Section 1903(v)(3) of the Act are designated as emergency services.
- f. Personal Care Services are provided when ordered by a physician, supervised by a registered nurse, and approved by the Department's Regional Medicaid Unit. Services are limited to sixteen (16) hours per calendar week, per eligible client. R.N. supervision must occur at least every ninety (90) days. Clients whose provider is expected to carry out training programs in the recipient's home for developmentally disabled individuals will also have supervision at least every ninety (90) days by a Qualified Mental Retardation Professional.

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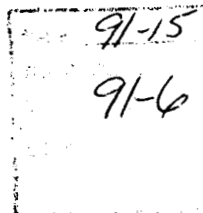
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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- g. Clozapine Care Coordination associated with prescribed Clozapine therapy to entities operating a manufacturer registered Clozapine treatment system.



11/4/91
7/11/91